

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
ENF	R, U	ERFSO	Enforcement Request, Registration of Foreign Support Order for Modification by Obligor Sent by Initiating Jurisdiction: This Request transaction is used to request Registration of a Foreign Order for purpose of obtaining a modification as requested by the obligor. The Update transaction should be sent to modify an unacknowledged Request; it replaces the Request and requires the same data elements. The Update must be sent only after the Request transaction is sent to the CSENet 2000 server and prior to receiving an Acknowledgment from the Responding Jurisdiction with a Case ID. Action By Receiving State: Process within Federal Guidelines.	HEADER	
				LOCAL-FIPS-STATE/COUNTY	Your State/County FIPS Code
				OTHER-FIPS-STATE/COUNTY	State/County FIPS Code where transaction is directed.
				CSENet 2000 VERSION NUMBER	003
				TRANSACTION SERIAL NUMBER	Fill as appropriate
				ACTION CODE	R or U
				FUNCTIONAL TYPE CODE	ENF
				TXN DATE	Date transaction was created
				CASE-ID	Your Case ID
				ACTION REASON	ERFSO
				ATTACHMENTS IND	=N
				CASE-DATA-IND	=1
				NCP-IDENTIFICATION-IND	=1
				NCP-LOCATE-IND	=1
				PARTICIPANT-DATA-IND	Fill as appropriate
				ORDER-DATA-IND	=1
				COLLECTION-DATA-IND	=0 (Numeric)
				INFORMATION-IND	=0 (Numeric)
				OVERDUE-IND	=0 (Numeric)

*Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
ENF	R, U	ERFSO		CASE DATA BLOCK	
				CASE-TYPE	Fill as appropriate
				CASE-STATUS	=O (Alpha)
				PAYMENT-MAILING-ADDRESS-LINE1	Your Payment Mailing Address
				PAYMENT-CITY	Payment City
				PAYMENT-STATE	Payment State
				PAYMENT-ZIP-1	Payment Zip Code
				CONTACT-NAME-LAST	Your State Contact
				CONTACT-NAME-FIRST	Your State Contact
				CONTACT-ADDRESS-LINE-1	Contact Address
				CONTACT-CITY	Contact City
				CONTACT-STATE	Contact State
				CONTACT-ZIP-1	Contact Zip Code
				NCP IDENTIFICATION DATA BLOCK	
				NAME-LAST	NCP Last Name
				NAME-FIRST	NCP First Name
				NCP LOCATE DATA BLOCK	
				RESIDENTIAL-ADDRESS-LINE1	NCP Street Address
				RESIDENTIAL-CITY	NCP City
				RESIDENTIAL-STATE	NCP State
			NCP LOCATE DATA BLOCK Either the NCP Residential, Mailing Address or Employer Name and Address is required		

*Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
ENF	R, U	ERFSO	<p>PARTICIPANT DATA BLOCK (2) Must contain at least two participants, one with Relationship code C (custodial parent) and one with code D (dependent) and may have as many as nine participants. If Relationship code is D, the Date-Of-Birth, Participant-Status, and Dependent-Relation-CP data elements are required.</p> <p>ORDER DATA BLOCK The Order Frequency Amount is required (can equal zero) unless the Order Arrears Total Amount is equal to or greater than zero. The Order Frequency is required if the Order Frequency Amount is greater than zero. The From and Thru Dates must be entered for each category of arrears entered with a valid value greater than zero.</p>	RESIDENTIAL-ZIP-1	NCP Zip Code
				RESIDENTIAL-ADDRESS-EFFECTIVE-DATE	Required if Residential address entered
				RESIDENTIAL-ADDRESS-CONFIRMED-IND.	Fill as appropriate
				PARTICIPANT DATA BLOCK (2)	
				NAME-LAST	Participant Last Name
				NAME-FIRST	Participant First Name
				DATE-OF-BIRTH	Fill as appropriate
				RELATIONSHIP	Fill as appropriate
				PARTICIPANT-STATUS	=O (Alpha)
				DEPENDENT-RELATION-CP	Fill as appropriate
				ORDER DATA BLOCK	
				ORDER-FIPS-STATE	FIPS Code of state that issued Order
				ORDER-FIPS-COUNTY	FIPS Code of County that issued Order
				ORDER-ID	The Order ID
				ORDER-FILING-DATE	Date Order was filed in your state
				ORDER-TYPE	Fill as appropriate
				DEBT-TYPE	Fill as appropriate
				ORDER-FREQ	Fill as appropriate
				ORDER-FREQ-AMOUNT	Dollar amount per frequency
				ORDER-EFFECTIVE-DATE	Date the obligation starts to accrue
				MEDICAL-ORDERED	Y or N

*Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
ENF	R, U	ERMEO	Enforcement Request, Registration of Foreign Support Order for Modification and Enforcement by Obligor Sent by Initiating Jurisdiction: This Request transaction is used to request Registration of a Support Order for the purpose of modification and enforcement as requested by the obligor. The Update transaction should be sent to modify an unacknowledged Request; it replaces the Request and requires the same data elements. The Update must be sent only after the Request transaction is sent to the CSENet 2000 server and prior to receiving an Acknowledgment from the Responding Jurisdiction with a Case ID. Action By Receiving State: Process within Federal Guidelines	HEADER	
				LOCAL-FIPS-STATE/COUNTY	Your State/County FIPS Code
				OTHER-FIPS-STATE/COUNTY	State/County FIPS Code where transaction is directed.
				CSENet 2000 VERSION NUMBER	003
				TRANSACTION SERIAL NUMBER	Fill as appropriate
				ACTION CODE	R or U
				FUNCTIONAL TYPE CODE	ENF
				TXN DATE	Date transaction was created
				CASE-ID	Your Case ID
				ACTION REASON	ERMEO
				ATTACHMENTS IND	=N
				CASE-DATA-IND	=1
				NCP-IDENTIFICATION-IND	=1
				NCP-LOCATE-IND	=1
				PARTICIPANT-DATA-IND	Fill as appropriate
				ORDER-DATA-IND	=1
				COLLECTION-DATA-IND	=0 (Numeric)
				INFORMATION-IND	=0 (Numeric)
				OVERDUE-IND	=0 (Numeric)

*Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
ENF	R, U	ERMEO		CASE DATA BLOCK	
				CASE-TYPE	Fill as appropriate
				CASE-STATUS	=O (Alpha)
				PAYMENT-MAILING-ADDRESS-LINE1	Your Payment Mailing Address
				PAYMENT-CITY	Payment City
				PAYMENT-STATE	Payment State
				PAYMENT-ZIP-1	Payment Zip Code
				CONTACT-NAME-LAST	Your State Contact
				CONTACT-NAME-FIRST	Your State Contact
				CONTACT-ADDRESS-LINE-1	Contact Address
				CONTACT-CITY	Contact City
				CONTACT-STATE	Contact State
				CONTACT-ZIP-1	Contact Zip Code
				NCP IDENTIFICATION DATA BLOCK	
				NAME-LAST	NCP Last Name
				NAME-FIRST	NCP First Name
				NCP LOCATE DATA BLOCK	
				RESIDENTIAL-ADDRESS-LINE1	NCP Street Address
				RESIDENTIAL-CITY	NCP City
				RESIDENTIAL-STATE	NCP State
				RESIDENTIAL-ZIP-1	NCP Zip Code
			NCP LOCATE DATA BLOCK Either the NCP Residential, Mailing Address or Employer Name and Address is required		

*Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
ENF	R, U	ERMEO	PARTICIPANT DATA BLOCK (2) Must contain at least two participants, one with Relationship code C (custodial parent) and one with code D (dependent) and may have as many as nine participants. If Relationship code is D, the Date-Of-Birth, Participant-Status, and Dependent-Relation-CP data elements are required. ORDER DATA BLOCK The Order Frequency Amount is required (can equal zero) unless the Order Arrears Total Amount is equal to or greater than zero. The Order Frequency is required if the Order Frequency Amount is greater than zero. The From and Thru Dates must be entered for each category of arrears entered with a valid value greater than zero.	RESIDENTIAL-ADDRESS-EFFECTIVE-DATE	Required if Residential address entered
				RESIDENTIAL-ADDRESS-CONFIRMED-IND.	Fill as appropriate
				PARTICIPANT DATA BLOCK (2)	
				NAME-LAST	Participant Last Name
				NAME-FIRST	Participant First Name
				DATE-OF-BIRTH	Fill as appropriate
				RELATIONSHIP	Fill as appropriate
				PARTICIPANT-STATUS	=O (Alpha)
				DEPENDENT-RELATION-CP	Fill as appropriate
				ORDER DATA BLOCK	
				ORDER-FIPS-STATE	FIPS Code of state that issued Order
				ORDER-FIPS-COUNTY	FIPS Code of County that issued Order
				ORDER-ID	The Order ID
				ORDER-FILING-DATE	Date Order was filed in your state
				ORDER-TYPE	Fill as appropriate
				DEBT-TYPE	Fill as appropriate
				ORDER-FREQ	Fill as appropriate
				ORDER-FREQ-AMOUNT	Dollar amount per frequency
				ORDER-EFFECTIVE-DATE	Date the obligation starts to accrue
				MEDICAL-ORDERED	Y or N

*Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
ENF	R, U	ERREG	Enforcement Request, Registration of Foreign Order for Enforcement Only by Obligor Sent by Initiating Jurisdiction: This Request transaction is used to request Registration of a Support Order for the purpose of enforcement only as requested by the obligor. The Update transaction should be sent to modify an unacknowledged Request; it replaces the Request and requires the same data elements. The Update must be sent only after the Request transaction is sent to the CSENet 2000 server and prior to receiving an Acknowledgment from the Responding Jurisdiction with a Case ID. Action By Receiving State: Process within Federal Guidelines. Business Usage Recommendation: The Information Data Block as well as any attachments deemed necessary, may be used to supply additional pertinent information for this Request.	HEADER	
				LOCAL-FIPS-STATE/COUNTY	Your State/County FIPS Code
				OTHER-FIPS-STATE/COUNTY	State/County FIPS Code where transaction is directed.
				CSENet 2000 VERSION NUMBER	003
				TRANSACTION SERIAL NUMBER	Fill as appropriate
				ACTION CODE	R or U
				FUNCTIONAL TYPE CODE	ENF
				TXN DATE	Date transaction was created
				CASE-ID	Your Case ID
				ACTION REASON	ERREG
				ATTACHMENTS IND	=N
				CASE-DATA-IND	=1
				NCP-IDENTIFICATION-IND	=1
				NCP-LOCATE-IND	=1
				PARTICIPANT-DATA-IND	Fill as appropriate
				ORDER-DATA-IND	=1
				COLLECTION-DATA-IND	=0 (Numeric)
				INFORMATION-IND	Fill as appropriate
				OVERDUE-IND	=0 (Numeric)

*Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
ENF	R, U	ERREG		CASE DATA BLOCK	
				CASE-TYPE	Fill as appropriate
				CASE-STATUS	=O (Alpha)
				PAYMENT-MAILING-ADDRESS-LINE1	Your Payment Mailing Address
				PAYMENT-CITY	Payment City
				PAYMENT-STATE	Payment State
				PAYMENT-ZIP-1	Payment Zip Code
				CONTACT-NAME-LAST	Your State Contact
				CONTACT-NAME-FIRST	Your State Contact
				CONTACT-ADDRESS-LINE-1	Contact Address
				CONTACT-CITY	Contact City
				CONTACT-STATE	Contact State
				CONTACT-ZIP-1	Contact Zip Code
				NCP IDENTIFICATION DATA BLOCK	
				NAME-LAST	NCP Last Name
				NAME-FIRST	NCP First Name
				NCP LOCATE DATA BLOCK	
				RESIDENTIAL-ADDRESS-LINE1	NCP Street Address
				RESIDENTIAL-CITY	NCP City
				RESIDENTIAL-STATE	NCP State
				RESIDENTIAL-ZIP-1	NCP Zip Code
			NCP LOCATE DATA BLOCK Either the NCP Residential, Mailing Address or Employer Name and Address is required.		

*Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
ENF	R, U	ERREG	<p>PARTICIPANT DATA BLOCK (2) Must contain at least two participants, one with Relationship code C (custodial parent) and one with code D (dependent) and may have as many as nine participants. If Relationship code is D, the Date-Of-Birth, Participant-Status, and Dependent-Relation-CP data elements are required.</p> <p>ORDER DATA BLOCK The Order Frequency Amount is required (can equal zero) unless the Order Arrears Total Amount is equal to or greater than zero. The Order Frequency is required if the Order Frequency Amount is greater than zero. The From and Thru Dates must be entered for each category of arrears entered with a valid value greater than zero.</p>	RESIDENTIAL-ADDRESS-EFFECTIVE-DATE	Required if Residential address entered
				RESIDENTIAL-ADDRESS-CONFIRMED-IND.	Fill as appropriate
				PARTICIPANT DATA BLOCK (2)	
				NAME-LAST	Participant Last Name
				NAME-FIRST	Participant First Name
				DATE-OF-BIRTH	Fill as appropriate
				RELATIONSHIP	Fill as appropriate
				PARTICIPANT-STATUS	=O (Alpha)
				DEPENDENT-RELATION-CP	Fill as appropriate
				ORDER DATA BLOCK	
				ORDER-FIPS-STATE	FIPS Code of state that issued Order
				ORDER-FIPS-COUNTY	FIPS Code of County that issued Order
				ORDER-ID	The Order ID
				ORDER-FILING-DATE	Date Order was filed in your state
				ORDER-TYPE	Fill as appropriate
				DEBT-TYPE	Fill as appropriate
				ORDER-FREQ	Fill as appropriate
				ORDER-FREQ-AMOUNT	Dollar amount per frequency
				ORDER-EFFECTIVE-DATE	Date the obligation starts to accrue
				MEDICAL-ORDERED	Y or N

*Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
ENF	R, U	ERREO	Enforcement Request, Registration of Foreign Order for Enforcement Only by Oblige Sent by Initiating Jurisdiction: This Request transaction is used to request Registration of a Support Order for the purpose of enforcement only as requested by the obligee. The Update transaction should be sent to modify an unacknowledged Request; it replaces the Request and requires the same data elements. The Update must be sent only after the Request transaction is sent to the CSENet 2000 server and prior to receiving an Acknowledgment from the Responding Jurisdiction with a Case ID. Action By Receiving State: Process within Federal Guidelines	HEADER	
				LOCAL-FIPS-STATE/COUNTY	Your State/County FIPS Code
				OTHER-FIPS-STATE/COUNTY	State/County FIPS Code where transaction is directed.
				CSENet 2000 VERSION NUMBER	003
				TRANSACTION SERIAL NUMBER	Fill as appropriate
				ACTION CODE	R or U
				FUNCTIONAL TYPE CODE	ENF
				TXN DATE	Date transaction was created
				CASE-ID	Your Case ID
				ACTION REASON	ERREO
				ATTACHMENTS IND	=N
				CASE-DATA-IND	=1
				NCP-IDENTIFICATION-IND	=1
				NCP-LOCATE-IND	=1
				PARTICIPANT-DATA-IND	Fill as appropriate
				ORDER-DATA-IND	=1
				COLLECTION-DATA-IND	=0 (Numeric)
				INFORMATION-IND	=0 (Numeric)
				OVERDUE-IND	=0 (Numeric)

*Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
ENF	R, U	ERREO		CASE DATA BLOCK	
				CASE-TYPE	Fill as appropriate
				CASE-STATUS	=O (Alpha)
				PAYMENT-MAILING-ADDRESS-LINE1	Your Payment Mailing Address
				PAYMENT-CITY	Payment City
				PAYMENT-STATE	Payment State
				PAYMENT-ZIP-1	Payment Zip Code
				CONTACT-NAME-LAST	Your State Contact
				CONTACT-NAME-FIRST	Your State Contact
				CONTACT-ADDRESS-LINE-1	Contact Address
				CONTACT-CITY	Contact City
				CONTACT-STATE	Contact State
				CONTACT-ZIP-1	Contact Zip Code
				NCP IDENTIFICATION DATA BLOCK	
				NAME-LAST	NCP Last Name
				NAME-FIRST	NCP First Name

*Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
ENF	R, U	ERREO	NCP LOCATE DATA BLOCK Either the NCP Residential, Mailing Address or Employer Name and Address is required. PARTICIPANT DATA BLOCK (2) Must contain at least two participants, one with Relationship code C (custodial parent) and one with code D (dependent) and may have as many as nine participants. If Relationship code is D, the Date-Of-Birth, Participant-Status, and Dependent-Relation-CP data elements are required.	NCP LOCATE DATA BLOCK	
				RESIDENTIAL-ADDRESS-LINE1	NCP Street Address
				RESIDENTIAL-CITY	NCP City
				RESIDENTIAL-STATE	NCP State
				RESIDENTIAL-ZIP-1	NCP Zip Code
				RESIDENTIAL-ADDRESS-EFFECTIVE-DATE	Required if Residential address entered
				RESIDENTIAL-ADDRESS-CONFIRMED-IND.	Fill as appropriate
				PARTICIPANT DATA BLOCK (2)	
				NAME-LAST	Participant Last Name
				NAME-FIRST	Participant First Name
				DATE-OF-BIRTH	Fill as appropriate
				RELATIONSHIP	Fill as appropriate
				PARTICIPANT-STATUS	=O (Alpha)
				DEPENDENT-RELATION-CP	Fill as appropriate

*Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
			ORDER DATA BLOCK The Order Frequency Amount is required (can equal zero) unless the Order Arrears Total Amount is equal to or greater than zero. The Order Frequency is required if the Order Frequency Amount is greater than zero. The From and Thru Dates must be entered for each category of arrears entered with a valid value greater than zero.	ORDER DATA BLOCK	
				ORDER-FIPS-STATE	FIPS Code of State that issued Order
				ORDER-FIPS-COUNTY	FIPS Code of County that issued Order
				ORDER-ID	The Order ID
				ORDER-FILING-DATE	Date Order was filed in your State
				ORDER-TYPE	Fill as appropriate
				DEBT-TYPE	Fill as appropriate
				ORDER-FREQ	Fill as appropriate
				ORDER-FREQ-AMOUNT	Dollar amount per frequency
				ORDER-EFFECTIVE-DATE	Date the obligation starts to accrue
				MEDICAL-ORDERED	Y or N
ENF	R, U	ERRES	Enforcement Request, Registration of Foreign Order for Enforcement only by State Agency Sent by Initiating Jurisdiction: This Request transaction is used to request Registration of a Support Order for the purpose of enforcement only as requested by a State agency.	HEADER	
				LOCAL-FIPS-STATE/COUNTY	Your State/County FIPS Code
				OTHER-FIPS-STATE/COUNTY	State/County FIPS Code where transaction is directed.
				CSENet 2000 VERSION NUMBER	003
				TRANSACTION SERIAL NUMBER	Fill as appropriate
				ACTION CODE	R or U

*Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
ENF	R, U	ERRES	<p>The Update transaction should be sent to modify an unacknowledged Request; it replaces the Request and requires the same data elements. The Update must be sent only after the Request transaction is sent to the CSENet 2000 server and prior to receiving an Acknowledgment from the Responding Jurisdiction with a Case ID.</p> <p>Action By Receiving State: Process within Federal Guidelines.</p>	FUNCTIONAL TYPE CODE	ENF
				TXN DATE	Date transaction was created
				CASE-ID	Your Case ID
				ACTION REASON	ERRES
				ATTACHMENTS IND	=N
				CASE-DATA-IND	=1
				NCP-IDENTIFICATION-IND	=1
				NCP-LOCATE-IND	=1
				PARTICIPANT-DATA-IND	Fill as appropriate
				ORDER-DATA-IND	=1
				COLLECTION-DATA-IND	=0 (Numeric)
				INFORMATION-IND	=0 (Numeric)
				OVERDUE-IND	=0 (Numeric)
				CASE DATA BLOCK	
				CASE-TYPE	Fill as appropriate
				CASE-STATUS	=O (Alpha)
				PAYMENT-MAILING-ADDRESS-LINE1	Your Payment Mailing Address
				PAYMENT-CITY	Payment City
				PAYMENT-STATE	Payment State
				PAYMENT-ZIP-1	Payment Zip Code
				CONTACT-NAME-LAST	Your State Contact
				CONTACT-NAME-FIRST	Your State Contact
				CONTACT-ADDRESS-LINE-1	Contact Address

*Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
ENF	R, U	ERRES	NCP LOCATE DATA BLOCK Either the NCP Residential, Mailing Address or Employer Name and Address is required. PARTICIPANT DATA BLOCK (2) Must contain at least two participants, one with Relationship code C (custodial parent) and one with code D (dependent) and may have as many as nine participants. If Relationship code is D, the Date-Of-Birth, Participant-Status, and Dependent-Relation-CP data elements are required.	CONTACT-CITY	Contact City
				CONTACT-STATE	Contact State
				CONTACT-ZIP-1	Contact Zip Code
				NCP IDENTIFICATION DATA BLOCK	
				NAME-LAST	NCP Last Name
				NAME-FIRST	NCP First Name
				NCP LOCATE DATA BLOCK	
				RESIDENTIAL-ADDRESS-LINE1	NCP Street Address
				RESIDENTIAL-CITY	NCP City
				RESIDENTIAL-STATE	NCP State
				RESIDENTIAL-ZIP-1	NCP Zip Code
				RESIDENTIAL-ADDRESS-EFFECTIVE-DATE	Required if Residential address entered
				RESIDENTIAL-ADDRESS-CONFIRMED-IND.	Fill as appropriate
				PARTICIPANT DATA BLOCK (2)	
				NAME-LAST	Participant Last Name
				NAME-FIRST	Participant First Name
				DATE-OF-BIRTH	Fill as appropriate
				RELATIONSHIP	Fill as appropriate
				PARTICIPANT-STATUS	=O (Alpha)
				DEPENDENT-RELATION-CP	Fill as appropriate

*Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
ENF	R, U	ERRES	ORDER DATA BLOCK The Order Frequency Amount is required (can equal zero) unless the Order Arrears Total Amount is equal to or greater than zero. The Order Frequency is required if the Order Frequency Amount is greater than zero. The From and Thru Dates must be entered for each category of arrears entered with a valid value greater than zero.	ORDER DATA BLOCK	
				ORDER-FIPS-STATE	FIPS Code of state that issued Order
				ORDER-FIPS-COUNTY	FIPS Code of County that issued Order
				ORDER-ID	The Order ID
				ORDER-FILING-DATE	Date Order was filed in your state
				ORDER-TYPE	Fill as appropriate
				DEBT-TYPE	Fill as appropriate
				ORDER-FREQ	Fill as appropriate
				ORDER-FREQ-AMOUNT	Dollar amount per frequency
				ORDER-EFFECTIVE-DATE	Date the obligation starts to accrue
				MEDICAL-ORDERED	Y or N
ENF	R, U	ERTXR	Enforcement Request, Administrative Review of Tax Offset Sent by Initiating or Responding Jurisdiction: This transaction is used to relay a request for an Administrative Review.	HEADER	
				LOCAL-FIPS-STATE/COUNTY	Your State/County FIPS Code
				OTHER-FIPS-STATE/COUNTY	State/County FIPS Code where transaction is directed.
				CSENet 2000 VERSION NUMBER	003
				TRANSACTION SERIAL NUMBER	Fill as appropriate

*Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
ENF	R, U	ERTXR	<p>The Update transaction should be sent to modify an unacknowledged Request; it replaces the Request and requires the same data elements. The Update must be sent only after the Request transaction is sent to the CSENet 2000 server and prior to receiving an Acknowledgment from the Responding Jurisdiction with a Case ID.</p> <p>Action By Receiving State: Process within Federal Guidelines. (See 45CFR 303.72 (g), AT 98-17 (II) (E).</p> <p>Business Usage Recommendation: Provide related information regarding the Request in the Information Data Block.</p>	ACTION CODE	R or U
				FUNCTIONAL TYPE CODE	ENF
				TXN DATE	Date transaction was created
				CASE-ID	Your Case ID
				ACTION REASON	ERTXR
				ATTACHMENTS IND	=N
				CASE-DATA-IND	=1
				NCP-IDENTIFICATION-IND	=1
				NCP-LOCATE-IND	=1
				PARTICIPANT-DATA-IND	Fill as appropriate
				ORDER-DATA-IND	=1
				COLLECTION-DATA-IND	=0 (Numeric)
				INFORMATION-IND	Fill as appropriate
				OVERDUE-IND	=0 (Numeric)
				CASE DATA BLOCK	
				CASE-TYPE	Fill as appropriate
				CASE-STATUS	=O (Alpha)
				PAYMENT-MAILING-ADDRESS-LINE1	Your Payment Mailing Address
				PAYMENT-CITY	Payment City
				PAYMENT-STATE	Payment State
				PAYMENT-ZIP-1	Payment Zip Code

*Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
ENF	R, U	ERTXR	NCP LOCATE DATA BLOCK Either the NCP Residential, Mailing Address or Employer Name and Address is required.	CONTACT-NAME-LAST	Your State Contact
				CONTACT-NAME-FIRST	Your State Contact
				CONTACT-ADDRESS-LINE-1	Contact Address
				CONTACT-CITY	Contact City
				CONTACT-STATE	Contact State
				CONTACT-ZIP-1	Contact Zip Code
				NCP IDENTIFICATION DATA BLOCK	
				NAME-LAST	NCP Last Name
				NAME-FIRST	NCP First Name
				NCP LOCATE DATA BLOCK	
				RESIDENTIAL-ADDRESS-LINE1	NCP Street Address
				RESIDENTIAL-CITY	NCP City
				RESIDENTIAL-STATE	NCP State
				RESIDENTIAL-ZIP-1	NCP Zip Code
				RESIDENTIAL-ADDRESS-EFFECTIVE-DATE	Required if Residential address entered
				RESIDENTIAL-ADDRESS-CONFIRMED-IND.	Fill as appropriate

*Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
ENF	R, U	ERTXR	PARTICIPANT DATA BLOCK (2) Must contain at least two participants, one with Relationship code C (custodial parent) and one with code D (dependent) and may have as many as nine participants. If Relationship code is D, the Date-Of-Birth, Participant-Status, and Dependent-Relation-CP data elements are required. ORDER DATA BLOCK The Order Frequency Amount is required (can equal zero) unless the Order Arrears Total Amount is equal to or greater than zero. The Order Frequency is required if the Order Frequency Amount is greater than zero. The From and Thru Dates must be entered for each category of arrears entered with a valid value greater than zero.	PARTICIPANT DATA BLOCK (2)	
				NAME-LAST	Participant Last Name
				NAME-FIRST	Participant First Name
				DATE-OF-BIRTH	Fill as appropriate
				RELATIONSHIP	Fill as appropriate
				PARTICIPANT-STATUS	=O (Alpha)
				DEPENDENT-RELATION-CP	Fill as appropriate
				ORDER DATA BLOCK	
				ORDER-FIPS-STATE	FIPS Code of state that issued Order
				ORDER-FIPS-COUNTY	FIPS Code of County that issued Order
				ORDER-ID	The Order ID
				ORDER-FILING-DATE	Date Order was filed in your state
				ORDER-TYPE	Fill as appropriate
				DEBT-TYPE	Fill as appropriate
				ORDER-FREQ	Fill as appropriate
				ORDER-FREQ-AMOUNT	Dollar amount per frequency
				ORDER-EFFECTIVE-DATE	Date the obligation starts to accrue
				MEDICAL-ORDERED	Y or N

*Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
ENF	R, U	ERWAG	Enforcement Request, Wage Withholding Sent by Initiating Jurisdiction: This Request transaction is used to request wage withholding. The Update transaction should be sent to modify an unacknowledged Request; it replaces the Request and requires the same data elements. The Update must be sent only after the Request transaction is sent to the CSENet 2000 server and prior to receiving an Acknowledgment from the Responding Jurisdiction with a Case ID. Action By Receiving State: Process within Federal Guidelines. Business Usage Recommendation: Provide employer/income payer information in the NCP Locate Data Block.	HEADER	
				LOCAL-FIPS-STATE/COUNTY	Your State/County FIPS Code
				OTHER-FIPS-STATE/COUNTY	State/County FIPS Code where transaction is directed.
				CSENet 2000 VERSION NUMBER	003
				TRANSACTION SERIAL NUMBER	Fill as appropriate
				ACTION CODE	R or U
				FUNCTIONAL TYPE CODE	ENF
				TXN DATE	Date transaction was created
				CASE-ID	Your Case ID
				ACTION REASON	ERWAG
				ATTACHMENTS IND	=N
				CASE-DATA-IND	=1
				NCP-IDENTIFICATION-IND	=1
				NCP-LOCATE-IND	=1
				PARTICIPANT-DATA-IND	Fill as appropriate
				ORDER-DATA-IND	=1
				COLLECTION-DATA-IND	=0 (Numeric)
				INFORMATION-IND	=0 (Numeric)
				OVERDUE-IND	=0 (Numeric)

*Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
ENF	R, U	ERWAG		CASE DATA BLOCK	
				CASE-TYPE	Fill as appropriate
				CASE-STATUS	=O (Alpha)
				PAYMENT-MAILING-ADDRESS-LINE1	Your Payment Mailing Address
				PAYMENT-CITY	Payment City
				PAYMENT-STATE	Payment State
				PAYMENT-ZIP-1	Payment Zip Code
				CONTACT-NAME-LAST	Your State Contact
				CONTACT-NAME-FIRST	Your State Contact
				CONTACT-ADDRESS-LINE-1	Contact Address
				CONTACT-CITY	Contact City
				CONTACT-STATE	Contact State
				CONTACT-ZIP-1	Contact Zip Code
				NCP IDENTIFICATION DATA BLOCK	
				NAME-LAST	NCP Last Name
				NAME-FIRST	NCP First Name
				NCP LOCATE DATA BLOCK	
				RESIDENTIAL-ADDRESS-LINE1	NCP Street Address
				RESIDENTIAL-CITY	NCP City
				RESIDENTIAL-STATE	NCP State
				RESIDENTIAL-ZIP-1	NCP Zip Code
			NCP LOCATE DATA BLOCK Either the NCP Residential, Mailing Address or Employer Name and Address is required.		

*Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
ENF	R, U	ERWAG	<p>PARTICIPANT DATA BLOCK (2) Must contain at least two participants, one with Relationship code C (custodial parent) and one with code D (dependent) and may have as many as nine participants. If Relationship code is D, the Date-Of-Birth, Participant-Status, and Dependent-Relation-CP data elements are required.</p> <p>ORDER DATA BLOCK The Order Frequency Amount is required (can equal zero) unless the Order Arrears Total Amount is equal to or greater than zero. The Order Frequency is required if the Order Frequency Amount is greater than zero. The From and Thru Dates must be entered for each category of arrears entered with a valid value greater than zero.</p>	RESIDENTIAL-ADDRESS-EFFECTIVE-DATE	Required if Residential address entered
				RESIDENTIAL-ADDRESS-CONFIRMED-IND.	Fill as appropriate
				PARTICIPANT DATA BLOCK (2)	
				NAME-LAST	Participant Last Name
				NAME-FIRST	Participant First Name
				DATE-OF-BIRTH	Fill as appropriate
				RELATIONSHIP	Fill as appropriate
				PARTICIPANT-STATUS	=O (Alpha)
				DEPENDENT-RELATION-CP	Fill as appropriate
				ORDER DATA BLOCK	
				ORDER-FIPS-STATE	FIPS Code of state that issued Order
				ORDER-FIPS-COUNTY	FIPS Code of County that issued Order
				ORDER-ID	The Order ID
				ORDER-FILING-DATE	Date Order was filed in your state
				ORDER-TYPE	Fill as appropriate
				DEBT-TYPE	Fill as appropriate
				ORDER-FREQ	Fill as appropriate
				ORDER-FREQ-AMOUNT	Dollar amount per frequency
				ORDER-EFFECTIVE-DATE	Date the obligation starts to accrue
				MEDICAL-ORDERED	Y or N

*Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
ENF	R, U	ERALL	Enforcement Request, all Remedies Sent by Initiating Jurisdiction: This transaction is to request another state to establish a two state process to collect on an existing Order when registration is not appropriate. The Update transaction should be sent to modify an unacknowledged Request; it replaces the Request and requires the same data elements. The Update must be sent only after the Request transaction is sent to the CSENet 2000 server and prior to receiving an Acknowledgment from the Responding Jurisdiction with a Case ID. Action By Receiving State: Process within Federal Guidelines.	HEADER	
				LOCAL-FIPS-STATE/COUNTY	Your State/County FIPS Code
				OTHER-FIPS-STATE/COUNTY	State/County FIPS Code where transaction is directed.
				CSENet 2000 VERSION NUMBER	003
				TRANSACTION SERIAL NUMBER	Fill as appropriate
				ACTION CODE	R or U
				FUNCTIONAL TYPE CODE	ENF
				TXN DATE	Date transaction was created
				CASE-ID	Your Case ID
				ACTION REASON	ERALL
				ATTACHMENTS IND	=N
				CASE-DATA-IND	=1
				NCP-IDENTIFICATION-IND	=1
				NCP-LOCATE-IND	=1
				PARTICIPANT-DATA-IND	Fill as appropriate
				ORDER-DATA-IND	=1
				COLLECTION-DATA-IND	=0 (Numeric)
				INFORMATION-IND	=0 (Numeric)
				OVERDUE-IND	=0 (Numeric)

*Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
ENF	R, U	ERALL		CASE DATA BLOCK	
				CASE-TYPE	Fill as appropriate
				CASE-STATUS	=O (Alpha)
				PAYMENT-MAILING-ADDRESS-LINE1	Your Payment Mailing Address
				PAYMENT-CITY	Payment City
				PAYMENT-STATE	Payment State
				PAYMENT-ZIP-1	Payment Zip Code
				CONTACT-NAME-LAST	Your State Contact
				CONTACT-NAME-FIRST	Your State Contact
				CONTACT-ADDRESS-LINE-1	Contact Address
				CONTACT-CITY	Contact City
				CONTACT-STATE	Contact State
				CONTACT-ZIP-1	Contact Zip Code
				NCP IDENTIFICATION DATA BLOCK	
				NAME-LAST	NCP Last Name
				NAME-FIRST	NCP First Name

*Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
ENF	R, U	ERALL	NCP LOCATE DATA BLOCK Either the NCP Residential, Mailing Address or Employer Name and Address is required. PARTICIPANT DATA BLOCK (2) Must contain at least two participants, one with Relationship code C (custodial parent) and one with code D (dependent) and may have as many as nine participants. If Relationship code is D, the Date-Of-Birth, Participant-Status, and Dependent-Relation-CP data elements are required.	NCP LOCATE DATA BLOCK	
				RESIDENTIAL-ADDRESS-LINE1	NCP Street Address
				RESIDENTIAL-CITY	NCP City
				RESIDENTIAL-STATE	NCP State
				RESIDENTIAL-ZIP-1	NCP Zip Code
				RESIDENTIAL-ADDRESS-EFFECTIVE-DATE	Required if Residential address entered
				RESIDENTIAL-ADDRESS-CONFIRMED-IND.	Fill as appropriate
				PARTICIPANT DATA BLOCK (2)	
				NAME-LAST	Participant Last Name
				NAME-FIRST	Participant First Name
				DATE-OF-BIRTH	Fill as appropriate
				RELATIONSHIP	Fill as appropriate
				PARTICIPANT-STATUS	=O (Alpha)
				DEPENDENT-RELATION-CP	Fill as appropriate

*Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
ENF	R, U	ERALL	ORDER DATA BLOCK The Order Frequency Amount is required (can equal zero) unless the Order Arrears Total Amount is equal to or greater than zero. The Order Frequency is required if the Order Frequency Amount is greater than zero. The From and Thru Dates must be entered for each category of arrears entered with a valid value greater than zero.	ORDER DATA BLOCK	
				ORDER-FIPS-STATE	FIPS Code of state that issued Order
				ORDER-FIPS-COUNTY	FIPS Code of County that issued Order
				ORDER-ID	The Order ID
				ORDER-FILING-DATE	Date Order was filed in your state
				ORDER-TYPE	Fill as appropriate
				DEBT-TYPE	Fill as appropriate
				ORDER-FREQ	Fill as appropriate
				ORDER-FREQ-AMOUNT	Dollar amount per frequency
				ORDER-EFFECTIVE-DATE	Date the obligation starts to accrue
				MEDICAL-ORDERED	Y or N
ENF	R, U	ERFSM	Enforcement Request Registration of Foreign Support Order for Modification by Obligor Sent by Initiating Jurisdiction: This Request transaction is used to request Registration of a Foreign Order for purpose of obtaining a modification as requested by the obligor.	HEADER	
				LOCAL-FIPS-STATE/COUNTY	Your State/County FIPS Code
				OTHER-FIPS-STATE/COUNTY	State/County FIPS Code where transaction is directed.
				CSENet 2000 VERSION NUMBER	003
				TRANSACTION SERIAL NUMBER	Fill as appropriate
				ACTION CODE	R or U

*Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
ENF	R, U	ERFSM	<p>The Update transaction should be sent to modify an unacknowledged Request; it replaces the Request and requires the same data elements. The Update must be sent only after the Request transaction is sent to the CSENet 2000 server and prior to receiving an Acknowledgment from the Responding Jurisdiction with a Case ID.</p> <p>Action By Receiving State: Process within Federal Guidelines.</p>	FUNCTIONAL TYPE CODE	ENF
				TXN DATE	Date transaction was created
				CASE-ID	Your Case ID
				ACTION REASON	ERFSM
				ATTACHMENTS IND	=N
				CASE-DATA-IND	=1
				NCP-IDENTIFICATION-IND	=1
				NCP-LOCATE-IND	=1
				PARTICIPANT-DATA-IND	Fill as appropriate
				ORDER-DATA-IND	=1
				COLLECTION-DATA-IND	=0 (Numeric)
				INFORMATION-IND	=0 (Numeric)
				OVERDUE-IND	=0 (Numeric)
				CASE DATA BLOCK	
				CASE-TYPE	Fill as appropriate
				CASE-STATUS	=O (Alpha)
				PAYMENT-MAILING-ADDRESS-LINE1	Your Payment Mailing Address
				PAYMENT-CITY	Payment City
				PAYMENT-STATE	Payment State
				PAYMENT-ZIP-1	Payment Zip Code
				CONTACT-NAME-LAST	Your State Contact
				CONTACT-NAME-FIRST	Your State Contact

*Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
ENF	R, U	ERFSM	NCP LOCATE DATA BLOCK Either the NCP Residential, Mailing Address or Employer Name and Address is required	CONTACT-ADDRESS-LINE-1	Contact Address
				CONTACT-CITY	Contact City
				CONTACT-STATE	Contact State
				CONTACT-ZIP-1	Contact Zip Code
				NCP IDENTIFICATION DATA BLOCK	
				NAME-LAST	NCP Last Name
				NAME-FIRST	NCP First Name
				NCP LOCATE DATA BLOCK	
				RESIDENTIAL-ADDRESS-LINE1	NCP Street Address
				RESIDENTIAL-CITY	NCP City
				RESIDENTIAL-STATE	NCP State
				RESIDENTIAL-ZIP-1	NCP Zip Code
				RESIDENTIAL-ADDRESS-EFFECTIVE-DATE	Required if Residential address entered
				RESIDENTIAL-ADDRESS-CONFIRMED-IND.	Fill as appropriate

*Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
ENF	R, U	ERFSM	PARTICIPANT DATA BLOCK (2) Must contain at least two participants, one with Relationship code C (custodial parent) and one with code D (dependent) and may have as many as nine participants. If Relationship code is D, the Date-Of-Birth, Participant-Status, and Dependent-Relation-CP data elements are required. ORDER DATA BLOCK The Order Frequency Amount is required (can equal zero) unless the Order Arrears Total Amount is equal to or greater than zero. The Order Frequency is required if the Order Frequency Amount is greater than zero. The From and Thru Dates must be entered for each category of arrears entered with a valid value greater than zero.	PARTICIPANT DATA BLOCK (2)	
				NAME-LAST	Participant Last Name
				NAME-FIRST	Participant First Name
				DATE-OF-BIRTH	Fill as appropriate
				RELATIONSHIP	Fill as appropriate
				PARTICIPANT-STATUS	=O (Alpha)
				DEPENDENT-RELATION-CP	Fill as appropriate
				ORDER DATA BLOCK	
				ORDER-FIPS-STATE	FIPS Code of state that issued Order
				ORDER-FIPS-COUNTY	FIPS Code of County that issued Order
				ORDER-ID	The Order ID
				ORDER-FILING-DATE	Date Order was filed in your state
				ORDER-TYPE	Fill as appropriate
				DEBT-TYPE	Fill as appropriate
				ORDER-FREQ	Fill as appropriate
				ORDER-FREQ-AMOUNT	Dollar amount per frequency
				ORDER-EFFECTIVE-DATE	Date the obligation starts to accrue
				MEDICAL-ORDERED	Y or N

*Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
ENF	R, U	ERFSS	Enforcement Request, Registration of foreign Support Order for Modification by State Agency Sent by Initiating Jurisdiction: This Request transaction is used to request Registration of a Foreign Order for purpose of obtaining a modification as requested by a state Agency. The Update transaction should be sent to modify an unacknowledged Request; it replaces the Request and requires the same data elements. The Update must be sent only after the Request transaction is sent to the CSENet 2000 server and prior to receiving an Acknowledgment from the Responding Jurisdiction with a Case ID. Action By Receiving State: Process within Federal Guidelines.	HEADER	
				LOCAL-FIPS-STATE/COUNTY	Your State/County FIPS Code
				OTHER-FIPS-STATE/COUNTY	State/County FIPS Code where transaction is directed.
				CSENet 2000 VERSION NUMBER	003
				TRANSACTION SERIAL NUMBER	Fill as appropriate
				ACTION CODE	R or U
				FUNCTIONAL TYPE CODE	ENF
				TXN DATE	Date transaction was created
				CASE-ID	Your Case ID
				ACTION REASON	ERFSS
				ATTACHMENTS IND	=N
				CASE-DATA-IND	=1
				NCP-IDENTIFICATION-IND	=1
				NCP-LOCATE-IND	=1
				PARTICIPANT-DATA-IND	Fill as appropriate
				ORDER-DATA-IND	=1
				COLLECTION-DATA-IND	=0 (Numeric)
				INFORMATION-IND	=0 (Numeric)
				OVERDUE-IND	=0 (Numeric)

*Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
ENF	R, U	ERFSS		CASE DATA BLOCK	
				CASE-TYPE	Fill as appropriate
				CASE-STATUS	=O (Alpha)
				PAYMENT-MAILING-ADDRESS-LINE1	Your Payment Mailing Address
				PAYMENT-CITY	Payment City
				PAYMENT-STATE	Payment State
				PAYMENT-ZIP-1	Payment Zip Code
				CONTACT-NAME-LAST	Your State Contact
				CONTACT-NAME-FIRST	Your State Contact
				CONTACT-ADDRESS-LINE-1	Contact Address
				CONTACT-CITY	Contact City
				CONTACT-STATE	Contact State
				CONTACT-ZIP-1	Contact Zip Code
				NCP IDENTIFICATION DATA BLOCK	
				NAME-LAST	NCP Last Name
				NAME-FIRST	NCP First Name
				NCP LOCATE DATA BLOCK	
				RESIDENTIAL-ADDRESS-LINE1	NCP Street Address
				RESIDENTIAL-CITY	NCP City
				RESIDENTIAL-STATE	NCP State
				RESIDENTIAL-ZIP-1	NCP Zip Code
			NCP LOCATE DATA BLOCK Either the NCP Residential, Mailing Address or Employer Name and Address is required.		

*Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
ENF	R, U	ERFSS	<p>PARTICIPANT DATA BLOCK (2) Must contain at least two participants, one with Relationship code C (custodial parent) and one with code D (dependent) and may have as many as nine participants. If Relationship code is D, the Date-Of-Birth, Participant-Status, and Dependent-Relation-CP data elements are required.</p> <p>ORDER DATA BLOCK The Order Frequency Amount is required (can equal zero) unless the Order Arrears Total Amount is equal to or greater than zero. The Order Frequency is required if the Order Frequency Amount is greater than zero. The From and Thru Dates must be entered for each category of arrears entered with a valid value greater than zero.</p>	RESIDENTIAL-ADDRESS-EFFECTIVE-DATE	Required if Residential address entered
				RESIDENTIAL-ADDRESS-CONFIRMED-IND.	Fill as appropriate
				PARTICIPANT DATA BLOCK (2)	
				NAME-LAST	Participant Last Name
				NAME-FIRST	Participant First Name
				DATE-OF-BIRTH	Fill as appropriate
				RELATIONSHIP	Fill as appropriate
				PARTICIPANT-STATUS	=O (Alpha)
				DEPENDENT-RELATION-CP	Fill as appropriate
				ORDER DATA BLOCK	
				ORDER-FIPS-STATE	FIPS Code of state that issued Order
				ORDER-FIPS-COUNTY	FIPS Code of County that issued Order
				ORDER-ID	The Order ID
				ORDER-FILING-DATE	Date Order was filed in your state
				ORDER-TYPE	Fill as appropriate
				DEBT-TYPE	Fill as appropriate
				ORDER-FREQ	Fill as appropriate
				ORDER-FREQ-AMOUNT	Dollar amount per frequency
				ORDER-EFFECTIVE-DATE	Date the obligation starts to accrue
				MEDICAL-ORDERED	Y or N

*Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
ENF	R, U	ERMEE	Enforcement Request, Registration of Foreign Support Order for Modification and Enforcement by State Agency Sent by Initiating Jurisdiction: This Request transaction is used to request the Registration of Foreign Order for the purpose of enforcement and modification as requested by a state Agency. The Update transaction should be sent to modify an unacknowledged Request; it replaces the Request and requires the same data elements. The Update must be sent only after the Request transaction is sent to the CSENet 2000 server and prior to receiving an Acknowledgment from the Responding Jurisdiction with a Case ID Action By Receiving State: Process within Federal Guidelines.	HEADER	
				LOCAL-FIPS-STATE/COUNTY	Your State/County FIPS Code
				OTHER-FIPS-STATE/COUNTY	State/County FIPS Code where transaction is directed.
				CSENet 2000 VERSION NUMBER	003
				TRANSACTION SERIAL NUMBER	Fill as appropriate
				ACTION CODE	R or U
				FUNCTIONAL TYPE CODE	ENF
				TXN DATE	Date transaction was created
				OTHER-CASE-ID	Other Case ID
				ACTION REASON	ERMEE
				ATTACHMENTS IND	=N
				CASE-DATA-IND	=1
				NCP-IDENTIFICATION-IND	=1
				NCP-LOCATE-IND	=1
				PARTICIPANT-DATA-IND	Fill as appropriate
				ORDER-DATA-IND	=1
				COLLECTION-DATA-IND	=0 (Numeric)
				INFORMATION-IND	=0 (Numeric)
				OVERDUE-IND	=0 (Numeric)

*Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
ENF	R, U	ERMEE		CASE DATA BLOCK	
				CASE-TYPE	Fill as appropriate
				CASE-STATUS	=O (Alpha)
				PAYMENT-MAILING-ADDRESS-LINE1	Your Payment Mailing Address
				PAYMENT-CITY	Payment City
				PAYMENT-STATE	Payment State
				PAYMENT-ZIP-1	Payment Zip Code
				CONTACT-NAME-LAST	Your State Contact
				CONTACT-NAME-FIRST	Your State Contact
				CONTACT-ADDRESS-LINE-1	Contact Address
				CONTACT-CITY	Contact City
				CONTACT-STATE	Contact State
				CONTACT-ZIP-1	Contact Zip Code
				NCP IDENTIFICATION DATA BLOCK	
				NAME-LAST	NCP Last Name
				NAME-FIRST	NCP First Name

*Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
ENF	R, U	ERMEE	NCP LOCATE DATA BLOCK Either the NCP Residential, Mailing Address or Employer Name and Address is required. PARTICIPANT DATA BLOCK (2) Must contain at least two participants, one with Relationship code C (custodial parent) and one with code D (dependent) and may have as many as nine participants. If Relationship code is D, the Date-Of-Birth, Participant-Status, and Dependent-Relation-CP data elements are required.	NCP LOCATE DATA BLOCK	
				RESIDENTIAL-ADDRESS-LINE1	NCP Street Address
				RESIDENTIAL-CITY	NCP City
				RESIDENTIAL-STATE	NCP State
				RESIDENTIAL-ZIP-1	NCP Zip Code
				RESIDENTIAL-ADDRESS-EFFECTIVE-DATE	Required if Residential address entered
				RESIDENTIAL-ADDRESS-CONFIRMED-IND.	Fill as appropriate
				PARTICIPANT DATA BLOCK (2)	
				NAME-LAST	Participant Last Name
				NAME-FIRST	Participant First Name
				DATE-OF-BIRTH	Fill as appropriate
				RELATIONSHIP	Fill as appropriate
				PARTICIPANT-STATUS	=O (Alpha)
				DEPENDENT-RELATION-CP	Fill as appropriate

*Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
ENF	R, U	ERMEE	ORDER DATA BLOCK The Order Frequency Amount is required (can equal zero) unless the Order Arrears Total Amount is equal to or greater than zero. The Order Frequency is required if the Order Frequency Amount is greater than zero. The From and Thru Dates must be entered for each category of arrears entered with a valid value greater than zero.	ORDER DATA BLOCK	
				ORDER-FIPS-STATE	FIPS Code of state that issued Order
				ORDER-FIPS-COUNTY	FIPS Code of County that issued Order
				ORDER-ID	The Order ID
				ORDER-FILING-DATE	Date Order was filed in your state
				ORDER-TYPE	Fill as appropriate
				DEBT-TYPE	Fill as appropriate
				ORDER-FREQ	Fill as appropriate
				ORDER-FREQ-AMOUNT	Dollar amount per frequency
				ORDER-EFFECTIVE-DATE	Date the obligation starts to accrue
				MEDICAL-ORDERED	Y or N

*Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
ENF	R, U	ERME M	Enforcement Request, Registration of Foreign Support Order for Modification and Enforcement by Oblige Sent by Initiating Jurisdiction: This Request transaction is used to request registration of a Foreign Order for the purpose of modification and enforcement as requested by the obligee. The Update transaction should be sent to modify an unacknowledged Request; it replaces the Request and requires the same data elements. The Update must be sent only after the Request transaction is sent to the CSENet 2000 server and prior to receiving an Acknowledgment from the Responding Jurisdiction with a Case ID. Action By Receiving State: Process within Federal Guidelines.	HEADER	
				LOCAL-FIPS-STATE/COUNTY	Your State/County FIPS Code
				OTHER-FIPS-STATE/COUNTY	State/County FIPS Code where transaction is directed.
				CSENet 2000 VERSION NUMBER	003
				TRANSACTION SERIAL NUMBER	Fill as appropriate
				ACTION CODE	R or U
				FUNCTIONAL TYPE CODE	ENF
				TXN DATE	Date transaction was created
				CASE-ID	Your Case ID
				ACTION REASON	ERMEM
				ATTACHMENTS IND	=N
				CASE-DATA-IND	=1
				NCP-IDENTIFICATION-IND	=1
				NCP-LOCATE-IND	=1
				PARTICIPANT-DATA-IND	Fill as appropriate
				ORDER-DATA-IND	=1
				COLLECTION-DATA-IND	=0 (Numeric)
				INFORMATION-IND	=0 (Numeric)
				OVERDUE-IND	=0 (Numeric)

*Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
ENF	R, U	ERMEM		CASE DATA BLOCK	
				CASE-TYPE	Fill as appropriate
				CASE-STATUS	=O (Alpha)
				PAYMENT-MAILING-ADDRESS-LINE1	Your Payment Mailing Address
				PAYMENT-CITY	Payment City
				PAYMENT-STATE	Payment State
				PAYMENT-ZIP-1	Payment Zip Code
				CONTACT-NAME-LAST	Your State Contact
				CONTACT-NAME-FIRST	Your State Contact
				CONTACT-ADDRESS-LINE-1	Contact Address
				CONTACT-CITY	Contact City
				CONTACT-STATE	Contact State
				CONTACT-ZIP-1	Contact Zip Code
				NCP IDENTIFICATION DATA BLOCK	
				NAME-LAST	NCP Last Name
				NAME-FIRST	NCP First Name

*Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
ENF	R, U	ERMEM	NCP LOCATE DATA BLOCK Either the NCP Residential, Mailing Address or Employer Name and Address is required. PARTICIPANT DATA BLOCK (2) Must contain at least two participants, one with Relationship code C (custodial parent) and one with code D (dependent) and may have as many as nine participants. If Relationship code is D, the Date-Of-Birth, Participant-Status, and Dependent-Relation-CP data elements are required.	NCP LOCATE DATA BLOCK	
				RESIDENTIAL-ADDRESS-LINE1	NCP Street Address
				RESIDENTIAL-CITY	NCP City
				RESIDENTIAL-STATE	NCP State
				RESIDENTIAL-ZIP-1	NCP Zip Code
				RESIDENTIAL-ADDRESS-EFFECTIVE-DATE	Required if Residential address entered
				RESIDENTIAL-ADDRESS-CONFIRMED-IND.	Fill as appropriate
				PARTICIPANT DATA BLOCK (2)	
				NAME-LAST	Participant Last Name
				NAME-FIRST	Participant First Name
				DATE-OF-BIRTH	Fill as appropriate
				RELATIONSHIP	Fill as appropriate
				PARTICIPANT-STATUS	=O (Alpha)
				DEPENDENT-RELATION-CP	Fill as appropriate

*Shaded areas identify data recommended as essential to conduct business and automate transaction processing

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description and Usage
ENF	R, U	ERMEM	ORDER DATA BLOCK The Order Frequency Amount is required (can equal zero) unless the Order Arrears Total Amount is equal to or greater than zero. The Order Frequency is required if the Order Frequency Amount is greater than zero. The From and Thru Dates must be entered for each category of arrears entered with a valid value greater than zero.	ORDER DATA BLOCK	
				ORDER-FIPS-STATE	FIPS Code of state that issued Order
				ORDER-FIPS-COUNTY	FIPS Code of County that issued Order
				ORDER-ID	The Order ID
				ORDER-FILING-DATE	Date Order was filed in your state
				ORDER-TYPE	Fill as appropriate
				DEBT-TYPE	Fill as appropriate
				ORDER-FREQ	Fill as appropriate
				ORDER-FREQ-AMOUNT	Dollar amount per frequency
				ORDER-EFFECTIVE-DATE	Date the obligation starts to accrue
				MEDICAL-ORDERED	Y or N

*Shaded areas identify data recommended as essential to conduct business and automate transaction processing

VALID TRANSACTIONS EXCLUDED FROM THE TFM AND RECOMMENDED ALTERNATIVE TRANSACTIONS				
Function Code	Action Code	Reason Code	Description/Business Usage	Recommendation for Alternative Transaction(s) Usage
ENF	A		Enforcement Acknowledgment.	ENF A ANOAD or ENF A AADIN
ENF	R	ERARR	Enforcement Request, Request Collection of Arrears.	ENF R ERALL
ENF	U	ERARR	Enforcement Update, Request Collection of Existing Order.	ENF U ERALL
ENF	R	EREXO	Enforcement Request, Request Collection of Existing Order.	ENF R ERALL
ENF	U	EREXO	Enforcement Update, Request Collection of Existing Order.	ENF U ERALL
ENF	R	ERSTA	Enforcement Request, Request Status of Enforcement Actions.	MSC R GRUPD (Currently converted by the CSENet 2000 Application)
ENF	U	ERSTA	Enforcement Update, Request Status of Enforcement Actions.	MSC U GRUPD (Currently converted by the CSENet 2000 Application)
ENF	P	ESORD	Enforcement Provision of Information, New Order Established.	EST P SSEST (Currently converted by the CSENet 2000 Application)
ENF	P	GIHER	Enforcement Provision of Information, Notice of Upcoming Hearing.	MSC P GIHER
ENF	P	GSFIL	Enforcement Provision of Information, Document filed.	MSC P GSPUD